

**POLICY, FORM, AND RATE FILING TRANSMITTAL - ND 1000**

NORTH DAKOTA INSURANCE DEPARTMENT

SFN 51679 (11-03)

			Date
Insurance Company Name [attach separate page if companies exceed spaces]			Cocode/FEIN
Contact Name		Consulting Firm/Company Name	
Contact Address		Contact Email Address	
Contact Telephone Number		Contact Fax Number	
Type of Insurance (General)		Subtype of Insurance (Product Type)	
Filing Type (Form, Rule, Rate, Advertisement)		Filing Action (Initial, Resubmission, Amendment)	
Filing Description (Include Form Nos.) [attach separate page if this space is not enough]			
Company Filing No.			
Product Name (Marketing Program)			
Project Name (Company Optional)			
State(s) of Domicile	Required Retaliatory Fee Amt.	Check Number	Date of Check
States Filed In			
States Approved In			
Addendum Checklist			
Crop Insurance Rate Forms	Insurer Rate Filing - Adoption of Loss Cost Forms	Consent to Rate Forms	